2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AN Secretary of State

Daytime Phone #

| DOCUMENT # P98000041676 1. Entity Name BRENDA'S BEAUTY SALON & BOUTIQUE INC. | | | | | only of State |
|--|---|-------------------------------|--|----------|------------------------|
| 113 N. FEDERAL HWY 113 N | Address I. FEDERAL HWY I BEACH, FL 33004 | | | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | 04222005 No Chg-P CR2E034 (10/03) 4. FEI Number | | |
| ADAMS, GERALD J 113 N FEDERAL HWY DANIA BEACH, FL 33004 | | DO NOT WRITE IN THIS SPACE | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when refinatating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | · | 00 May Be ad to Fees | | |
| 10. OFFICERS AND DIRECTOR TITLE P NAME HOLLOWAY, BRENDA STREET ADDRESS 113 N. FEDERAL HWY CITY-ST-ZIP DANIA BEACH, FL 33004 TITLE NAME STREET ADDRESS CITY-ST-ZIP | is | ~=~ | | | 7563 978-018 150.00 |
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| 12. I hereby certify that the information supplied with the information supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental repert for true and accurate and that my signature shall have the same legal effect as if made under oath; that i am an officer or director of the corporation or the receiver or trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an officer or director of the corporation of the receiver or trusted employeed. SIGNATURE: APR 9.8.2005 | | | | | |